

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **N97000002518 (5)**

1. Corporation Name

THE HAPPY KID FUN CLUB INC.

Principal Place of Business

Mailing Address

**1401 SO FEDERAL HWY. #422
BOCA RATON FL 33432**

**1401 SO FEDERAL HWY. #422
BOCA RATON FL 33432**



3. Date Incorporated or Qualified

05/05/1997

4. FEI Number

65-0707955

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00** May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1401 So. Federal Hwy

26 The Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 422

27

City & State

City & State

23 Boca Raton - FL

28

Zip

Country

24 33.432

25 U.S.A.

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTINEZ, REINILDA A. R
1401 SO FEDERAL HWY. #422
BOCA RATON FL 33432**

81 Name Reinilda A.R. Martinez
82 Street Address (P.O. Box Number is Not Acceptable)
1401 So. Federal Hwy #422
83 Boca Raton - FL
84 City Boca Raton **85 Zip Code FL 33432**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, REINILDA A R	
STREET ADDRESS	1401 SO FEDERAL HWY. #422	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AMARAL, ROSEMARY	
STREET ADDRESS	50 SW 3RD AVE #409	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAIA, MARIA DA PENHA F	
STREET ADDRESS	R. NOSSA SRA. DO ROSARIO, 501	
CITY-ST-ZIP	SAO PAULO - SP BRAZIL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAKEDA, CARMELITA R	
STREET ADDRESS	RUA JOSE PEDRO DO AMARAL, 302	
CITY-ST-ZIP	SAO PAULO - SP BRAZIL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURT, CINTIA	
STREET ADDRESS	RUA. MARIA PASSOS TEIXEIRA, 156 JD. SILVIO	
CITY-ST-ZIP	SAO PAULO - BRAZIL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRINDADE, RAQUEL	
STREET ADDRESS	R.NA.SRA. DO ROSARIO, 500 EMBU	
CITY-ST-ZIP	SAO PAULO - BRAZIL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE: Reinilda A.R. Martinez

Dec. 25th 97

CR2E037 (10/97)